POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*lw*	68904	4/6/00
O.I.P.E. CLASSIFIER		10	4-18-00
FORMALITY REVIEW		*GHM*	6-7-00
RESPONSE FORMALITY REVIEW		*GHM*	8-3-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date									
Final	Original	1/34/2009									
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If more than 150 claims or 10 actions
staple additional sheet here

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